



Restorative Justice
Louisville

Case Number: 0025 3177-001

Community Conferencing Consent to Participate

I agree to participate in the Restorative Justice Louisville Community Conferencing Program. I understand that my participation is voluntary and private. Information about the person(s) who was harmed, the person(s) who caused the harm and details of what happened in the meeting shall not be released to outside parties without consent of the person(s) who was harmed and the person(s) who caused the harm.

I understand that reports will have to be made to the appropriate authorities consistent with mandatory reporting laws if the following type of information is revealed during the conference:

- Someone is being harmed, or
- Someone is in danger of being harmed.

I understand that if an agreement is reached by the parties, the facilitators shall record the Conference Agreement for all parties to sign. Once the agreement is signed, the person(s) who was harmed and the person(s) who caused the harm shall determine who shall receive copies of the Conference Agreement.

I understand that a copy of the Conference Agreement shall be sent to the Court and a copy shall be maintained on file with Restorative Justice Louisville.

I understand that the terms of the Conference Agreement shall be monitored by Restorative Justice Louisville and reports shall be sent to the Court regarding completion of the Conference Agreement.

I understand that the Restorative Justice Louisville Program shall be evaluated by an independent researcher. Consent forms related to this research shall be provided to you for your review. If you agree to participate in the research, the information provided by you shall be treated confidentially and only be identified by use of a unique identifier assigned to each specific case. The Restorative Justice Louisville Coordinator shall be the only person that can associate your name with the unique identifier.

Signatures

x <u>Sophie Dwyer</u> 9/22/14	x <u>KAD</u> 9/22/14
Person who was Harmed	Parent of Victim (if present)
Date	(If victim is under 18 years of age) Date
x <u>KAD</u> 9/22/14	
Person who was Harmed	Parent of Victim (if present)
Date	(If victim is under 18 years of age) Date
Person Who Caused Harm	Parent of Offender (if present)
Date	(If offender is under 18 years of age) Date
Person Who Caused Harm	Parent of Offender (if present)
Date	(If offender is under 18 years of age) Date
Conference Participant	Conference Participant
Date	Date
Conference Participant	Conference Participant
Date	Date
Conference Participant	Conference Participant
Date	Date
Conference Participant	Conference Participant
Date	Date
Conference Participant	Conference Participant
Date	Date
Facilitator	Facilitator
Date	Date

Use additional signature sheets if needed.

Return original to:
Restorative Justice Louisville
514 West Liberty Street, Suite 106
Louisville, KY 40202

Signatures

X _____ Date
Person who was Harmed

Parent of Victim (if present) Date
(If victim is under 18 years of age)

X _____ Date
Person who was Harmed

Parent of Victim (if present) Date
(If victim is under 18 years of age)

X Emily Hester 9/18/14
Person Who Caused Harm Date

X Christina Fildes 9/18/14
Parent of Offender (if present) Date
(If offender is under 18 years of age)

Person Who Caused Harm Date

Parent of Offender (if present) Date
(If offender is under 18 years of age)

Conference Participant Date

Conference Participant Date

Conference Participant Date

Conference Participant Date

Conference Participant Date

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Conference Participant Date

Conference Participant Date

Conference Participant Date

Conference Participant Date

Facilitator Date

Facilitator Date

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